



Department of Veterans Affairs Office of Inspector General

Healthcare Inspection

Community Based Outpatient Clinic Reviews

**Kosciusko and Meridian, MS
Tulsa, OK**

**Konawa and Lawton, OK
Texarkana, AR and Longview, TX**

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Executive Summary

Introduction

As requested in House Report 110-775, to accompany H.R. 6599, Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, fiscal year (FY) 2009, the VA Office of Inspector General (OIG) is beginning a systematic review of Veterans Health Administration (VHA) community based outpatient clinics (CBOCs).

The VA OIG, Office of Healthcare Inspections conducted a review of seven CBOCs during the week of December 7–11, 2009. The CBOCs reviewed were Kosciusko and Meridian, MS; Tulsa, OK; Konawa and Lawton, OK; and Texarkana, AR and Longview, TX. The parent facilities of these CBOCs are G.V. (Sonny) Montgomery (Jackson) VA Medical Center (VAMC), Jack C. Montgomery (Muskogee) VAMC, Oklahoma City VAMC, and Overton Brooks (Shreveport) VAMC, respectively. The CBOCs and parent facilities are all part of Veterans Integrated Service Network (VISN) 16. The purpose of the review was to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

Results and Recommendations

The CBOC review covered five topics. In our review, we noted several opportunities for improvement and made recommendations to address all of these issues. The Director, VISN 16, in conjunction with the respective facility managers, should take appropriate actions on the following recommendations:

- Review privileges that have been granted to clinical staff and grant privileges that are consistent with CBOC providers' practices.
- When reprivileging, compare practitioner data to aggregated data of those privileged practitioners who hold the same or comparable privileges.
- Require the CBOC contractor to collect and review quality data on a regular basis for radiologists providing services under a sub-contract agreement.
- Accomplish providers' background checks according to VHA policy.
- Ensure staff are trained and evaluated, and that their competencies are documented.
- Require the CBOC contractor to inspect CBOCs on a regular basis for cleanliness and needed repairs.
- Develop and implement a secure method of transporting medications and patient care information to the parent facility.

- Comply with VHA policy to maintain personally identifiable information in a more secure manner.
- Ensure all potentially harmful items are secured during the mental health (MH) intake process.
- Maintain an emergency management plan that includes emergency response to all medical and MH emergencies and reflects current practices.
- Evaluate the adequacy of access to MH services.
- Provide contract oversight and enforcement in accordance with the contract terms and conditions.
- Provide the contractor with a current list of inactivated enrollees to prevent future overcharges on billings.
- Take steps to collect the overpayment for laboratory collection, shipping, and transportation expenses.
- Recover overcharges associated with the contractor's billings for MH professionals who were VA employees.
- Correct administrative deficiencies that led to overcharges on capitated payments.
- Recover lab overcharges and prepare an addendum to the contract for payment of additional lab services.

Comments

The VISN and VAMC Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A–E, pages 32–46 for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

(original signed by:)
JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Part I. Introduction

Purpose

As requested in House Report 110-775, to accompany H.R. 6599, Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, fiscal year (FY) 2009, the VA Office of Inspector General (OIG) is undertaking a systematic review of the Veterans Health Administration's (VHA's) community-based outpatient clinics (CBOCs).

Background

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance. For additional background information, see the *Informational Report for the Community Based Outpatient Clinic Cyclical Reports*, 08-00623-169, issued July 16, 2009.

Scope and Methodology

Objectives. The purpose of this review is to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care in accordance with VA policies and procedures. The objectives of the review are to:

- Determine whether CBOC performance measure scores are comparable to the parent VA medical center (VAMC) outpatient clinics.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance to VHA Handbook 1100.19.¹
- Determine whether CBOCs maintain the same standard of care as their parent facility to address the Mental Health (MH) needs of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) era veterans.

¹ VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

- Determine whether CBOCs are in compliance with standards of operations according to VHA Handbook 1006.1² in the areas of environmental safety and emergency planning.
- Determine the effect of CBOCs on veteran perception of care.
- Determine whether CBOC contracts are administered in accordance with contract terms and conditions.

Scope. We reviewed CBOC policies, performance documents, provider credentialing and privileging (C&P) files, and nurses' training records. For each CBOC, random samples of 50 patients with a diagnosis of diabetes mellitus (DM), 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service separation date after September 11, 2001, without a diagnosis of post-traumatic stress disorder (PTSD), were selected, unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with VHA performance measures.

We conducted environment of care (EOC) inspections to determine the CBOCs' cleanliness and conditions of the patient care areas; conditions of equipment, adherence to clinical standards for infection control and patient safety; and compliance with patient data security requirements.

We also reviewed FY 2008 Survey of Healthcare Experiences of Patients (SHEP) data to determine patients' perceptions of the care they received at the CBOCs.

We conducted the inspection in accordance with *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

In this report, we make recommendations for improvement.

² VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

Part II. CBOC Characteristics

Veterans Integrated Service Network (VISN) 16 has 11 VHA hospitals and 47 CBOCs. As part of our review, we inspected 7 CBOCs (4 VA staffed and 3 with contracted staff). The CBOCs reviewed in VISN 16 were Kosciusko and Meridian, MS; Tulsa, OK; Konawa and Lawton, OK; and Texarkana, AR and Longview, TX. The parent facilities of these CBOCs are G.V. (Sonny) Montgomery (Jackson) VAMC, Jack C. Montgomery (Muskogee) VAMC, Oklahoma City VAMC, and Overton Brooks (Shreveport) VAMC, respectively.

We formulated a list of CBOC characteristics and developed an information request for data collection. The characteristics included identifiers and descriptive information for the CBOC evaluation.

In FY 2008, the average number of unique patients seen at the 4 VA-staffed CBOCs was 9,024 (range 5,247 to 17,296) and at the contract CBOCs was 2,038 (range 1,272 to 3,164). Figure 1 shows characteristics of the 7 CBOCs we reviewed to include type of CBOC, rurality, number of clinical full-time equivalent employees (FTE), number of unique veterans enrolled in the CBOC, and number of veteran visits.

VISN Number	CBOC Name	Parent VAMC	CBOC Type	Urban/Rural	Number of Clinical Providers (FTE)	Uniques	Visits
16	Kosciusko, MS	Jackson, MS	Contract	Rural	1.82	1,677	3,514
16	Meridian, MS	Jackson, MS	Contract	Rural	2.55	3,164	10,536
16	Tulsa, OK	Muskogee, OK	VA Staffed	Urban	14.95	17,296	151,555
16	Konawa, OK	Oklahoma City, OK	Contract	Rural	1.00	1,272	4,500
16	Lawton, OK	Oklahoma City, OK	VA Staffed	Urban	4.30	8,006	45,664
16	Texarkana, AR	Shreveport, LA	VA Staffed	Urban	5.67	5,247	34,129
16	Longview, TX	Shreveport, LA	VA Staffed	Urban	4.88	5,547	31,306

Figure 1 - CBOC Characteristics, FY 2008

Two of the seven CBOCs provide specialty care services (Tulsa and Lawton), while the other five CBOCs refer patients to the parent facility or fee-basis facilities. Tulsa provides gastrointestinal, optometry, physical therapy, podiatry, rheumatology, urology, otolaryngology, dental, tele-retinal imaging, and audiology. Lawton provides services in dental and tele-retinal eye examinations.

All seven CBOCs provide electrocardiograms (EKGs) and have laboratory services onsite. Three of the seven are able to provide basic blood tests onsite (Tulsa, Konawa, and Lawton). Veterans have access to social services at five CBOCs. Four CBOCs provide onsite dietary services. Two of the seven CBOCs we reviewed provide tele-retinal services. The CBOCs at Tulsa, Lawton, Longview, and Texarkana have an onsite pharmacy.

All seven CBOCs provide MH services onsite. The type of clinicians who provide MH services varied among the CBOCs to include primary care physicians, psychologists,

psychiatrists, nurse practitioners, social workers, and addiction therapists. Tele-mental health is also available at all seven CBOCs. Six CBOCs report that MH services are provided 5 days a week, and the other CBOC (Konawa) provides MH services 3 hours per week. Additional CBOC characteristics are listed in Appendix F.

Part III. Overview of Review Topics

The review topics discussed in this report include:

- Quality of Care Measures.
- C&P.
- EOC and Emergency Management.
- Patient Satisfaction.
- CBOC Contracts.

The criteria used for these reviews are discussed in detail in the *Informational Report for the Community Based Outpatient Cyclical Reports*, 08-00623-169, issued July 16, 2009.

We evaluated the quality of care measures by reviewing 50 patients with a diagnosis of DM, 50 patients with a diagnosis of ischemic vascular disease, and 30 patients with a service separation date after September 11, 2001 (without a diagnosis of PTSD), unless fewer patients were available. We reviewed the medical records of these selected patients to determine compliance with first (1st) quarter (Qtr), FY 2009 VHA performance measures.

We conducted an overall review to assess whether the medical center's C&P process complied with VHA Handbook 1100.19. We reviewed CBOC providers' C&P files and nursing staff personnel folders. In addition, we reviewed the background checks for the CBOC clinical staff.

We conducted EOC inspections at each CBOC, evaluating cleanliness, adherence to clinical standards for infection control and patient safety, and compliance with patient data security requirements. We evaluated whether the CBOCs had a local policy/guideline defining how health emergencies, including MH emergencies, are handled.

We reviewed and discussed SHEP data (FY 2008) with the senior leaders. If the SHEP scores did not meet VHA's target goal of 77, we interviewed the senior managers to assess whether they had analyzed the data and taken action to improve their scores.

We evaluated whether the three CBOC contracts (Kosciusko, Meridian, and Konawa) provided guidelines that the Contractor needed to follow in order to address quality of care issues. We also verified that the number of enrollees or visits reported was supported by collaborating documentation.

Part IV. Results and Recommendations

A. VISN 16, Jackson VAMC – Kosciusko and Meridian

Quality of Care Measures

The Kosciusko CBOC scored well below the parent facility's quality measure scores for the following indicators: DM foot pedal pulses (33 percent), foot sensory exam using monofilament (28 percent), and retinal eye exam (54 percent). The Meridian CBOC scored well below the parent facility for DM foot pedal pulses (59 percent). Although the Meridian CBOC equaled the parent facility for retinal eye exam, the parent facility and both CBOCs failed to meet the target goal of 88 percent. The Jackson VAMC is aware of the poor retinal eye exam scores and was actively pursuing corrective actions to improve their and the CBOCs' performance. (See Appendix G.)

Clinical staff used a standardized template and a clinical reminder for documentation that lacked key elements for the DM foot exams. The template and clinical reminders were modified during our visit to meet the standard of care for DM foot evaluations.

Credentialing and Privileging

We reviewed the C&P files of four providers and the personnel folders of five nurses at the Kosciusko CBOC and reviewed the files of four providers and two nurses at the Meridian CBOC. All providers had a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented. However, we identified the following areas that needed improvement:

Privileging

Clinical Privileges

The Professional Standards Board (PSB) granted providers clinical privileges for procedures that were not performed at the CBOCs. Providers at the Kosciusko and Meridian CBOCs were granted admission privileges for the Jackson VAMC. CBOC providers transferred patients to the medical center or local emergency room for assessment to determine whether admission is required. Privileges need to be consistent with the practices at the Kosciusko and Meridian clinics, and specific for that setting.

Quality Data

Provider profiles were not maintained for Kosciusko and Meridian CBOC providers. We did not find evidence that the medical center was collecting and aggregating provider-specific performance data for use during the reappraisal process. Furthermore, we did not find a written plan with service-specific (Primary Care) competency criteria for

Ongoing Professional Practice Evaluation (OPPE). The Chief of Staff and the Chief of Medical Service provided oversight in the absence of a service chief for Primary Care. The position has been vacant for 5 years.

Local policy³ requires service chiefs to develop service-level provider profile policies and collect and maintain information in the provider profiles within the service. The Contractor did collect provider specific quality data, but this information was not shared with the Jackson VAMC. The medical center was unable to produce the provider profiles for either CBOC. The issues of what data is collected, who will maintain the provider profiles, and how the information is made available during the reappraisal process require clarification.

Radiology Quality Reviews

Radiology services were provided by sub-contracted radiologists from the private sector. The CBOC manager could not assure the accuracy and quality of radiology reports. The CBOC managers were unable to define the process or results of quality peer reviews for these providers. Without this information, the Contractor failed to provide proper oversight of radiological services provided to veterans.

Background Checks

According to VHA policy,⁴ all Federal appointments are subject to background checks. Background investigations must be initiated within 14 calendar days of an individual's appointment to a position. Of the 15 folders reviewed, 4 employees had not had a background check initiated. We were unable to determine if the remaining background checks were initiated within 14 days of appointment. We did find the majority of the nursing personnel background checks were not initiated until 2009.

According to the contract, the CBOC manager was responsible for initiating background checks. Jackson VAMC Human Resource Service (HRS) staff reported they would obtain fingerprints and submit the application to the Office of Personnel Management upon request by the CBOC Contracting Officer's Technical Representative (COTR). Contract administrators were made aware of their responsibility to assure that backgrounds checks are initiated and completed according to VHA requirements and the need to share this information with the Jackson VAMC HRS.

Recommendation 1. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires that clinical managers review the privileges that have been granted to clinic staff and grant privileges that are consistent with providers' practices at the Kosciusko and Meridian CBOCs.

³ F-11Q-48, *Medical Staff Professional Practice Evaluation and Performance Profiles*, February 22, 2008.

⁴ VHA Handbook 0710, *Personnel Suitability and Security Program*, September 10, 2004.

The VISN and VAMC Directors concurred with our finding and recommendation. Privileges for these providers will be amended to reflect the appropriate scope of practice. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 2. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires that when reprivileging, provider-specific data be aggregated and compared to those privileged practitioners who hold the same or comparable privileges at the Kosciusko and Meridian CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The Chief of Staff will implement a process to ensure that provider-specific data is aggregated and compared to those practitioners who hold the same or comparable privileges at the time of re-privileging. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 3. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires the CBOC contractor collect and review quality data on a regular basis for any radiologists providing services under a sub-contract agreement at the Kosciusko and Meridian CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. CR Associates, Inc. will provide to the Chief of Staff the quarterly quality data of peer review findings for radiological services. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 4. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires all background checks for the Kosciusko and Meridian CBOCs are accomplished in accordance to VHA policy.

The VISN and VAMC Directors concurred with our finding and recommendation. The HRS and CBOC Coordinator will identify those employees needing security clearance and initiate the background checks per VA policy. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. We found the Meridian clinic to be clean and in good repair. However, we identified the following areas that needed improvement:

Cleanliness

The Kosciusko CBOC requires cleaning and maintenance. The CBOC was a shared space with private patients. The exam rooms designated for VA patients were well maintained; however, in the common areas we found peeling paint, damage to walls, and dirty hallways.

Sharps Containers

The exam rooms at the Kosciusko CBOC were supplied with sharps containers that were mounted above the eye level of most staff members. The container's lid was not designed to limit accidental or intentional access to used sharp items. Moreover, the containers were opaque; therefore, staff could not easily identify when the containers were in need of disposal.

Transporting Medications and Documents

Transportation of expired medications and EKG strips were not secure. The Meridian CBOC staff placed expired medications and EKG strips in large paper envelopes. A VA driver transported the medications and documents to the Jackson VAMC. At the medical center, the expired medications are disposed by the pharmacy, and the EKGs are scanned into the medical records. Medications must be secured at all times, and the paper envelopes did not provide security from theft or misuse. The EKG strip discloses the patient name and social security number (SSN). This presents a risk for protection of personally identifiable information (PII).

Recommendation 5. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires that the Contractor inspect the Kosciusko CBOC on a regular basis for cleanliness and needed repairs.

The VISN and VAMC Directors concurred with our finding and recommendation. The CBOC administrators will conduct EOC monthly inspections of the CBOCs and provide the results to the CBOC Coordinator. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 6. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires that sharps containers be placed where staff can access them in a safe manner at the Kosciusko CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The sharps containers will be replaced with non-opaque containers that will be placed at an appropriate height for employee safety. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 7. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires that the Meridian CBOC staff develop and implement a secure method of transporting medications and patient care information to the Jackson VAMC.

The VISN and VAMC Directors concurred with our finding and recommendation. Scanners will be available at all CBOCs for scanning patient records into Computerized Patient Record System (CPRS)/Veterans Health Information Systems and Technology Architecture (VistA). All expired medications will be segregated and secured until ready to be mailed to the Jackson VAMC pharmacy for disposal. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or standard operating procedure (SOP) defining how medical emergencies, including MH, are handled. Both CBOCs had a policy for emergency management which detailed how a cardiac emergency was handled, but did not contain protocols for MH emergencies.

Cardiac Emergencies

The Kosciusko CBOC had an emergency crash cart that was designated for use for their private patients. However, the CBOC staff reported they would utilize the crash cart for veterans in a cardiac emergency. This practice conflicted with the emergency management policy, which required the staff to call 911 and the use the automated external defibrillator (AED).

The contract required Advanced Cardiac Life Support (ACLS) certification for all their providers. We found two providers that were not ACLS certified. We found inconsistencies among the practice, the contract, and the policy. Variation in an emergency process can create chaos in an actual emergency. Staff need clear directions and defined roles and responsibilities for cardiac emergencies that arise in the CBOC setting.

MH Social Worker

The Kosciusko CBOC has a dedicated Licensed Clinical Social Worker (LCSW) to provide MH services to patients. The LCSW (VA employee) had several extended absences that have had an impact on patient care. LCSWs from other CBOCs provided counseling via telemedicine to patients that had a scheduled appointment. However, this did not occur consistently since LCSWs for other CBOCs had full schedules. With the current process in place, continuity of care for MH patients at the Kosciusko CBOC cannot be assured. The Chief, Social Work Service, did not have data on how many patient appointments had been cancelled or re-scheduled due to the LCSW's absences.

Recommendation 8. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires that both Kosciusko and Meridian CBOCs revise the local medical and MH emergency SOP to reflect the actual practices.

The VISN and VAMC Directors concurred with our finding and recommendation. The emergency protocols for common medical and MH emergencies will be developed by the Patient Safety office. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 9. We recommend that the VISN 16 Director ensure that the Jackson VAMC Director evaluates the adequacy of access to MH services at the Kosciusko CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The Chief of Social Work will assign a social worker to the Kosciusko CBOC for 2 days a week. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Patient Satisfaction

The SHEP results for FY 2008 are displayed in Figures 2 and 3.

Trip Pak Report STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	586	Jackson	Mean Score	73.8	81.3	77.1	75.9	78.5
			N=	496	463	444	3,372	54,400
	586GA	Kosciusko		79.4	75.2	83.1		
			N=	76	67	71		
	586GB	Meridian		72.5	65.2	53.7		
			N=	81	73	54		

Figure 2. Outpatient Overall Quality

Kosciusko met or exceeded the target measure of 77 for “overall quality.” Meridian failed “overall quality” for FY 2008. Staff were aware of these scores and were taking actions to improve. Education of providers and non-clinical staff had occurred, and the clinics were participating in a Secret Shopper program.⁵ Laboratory hours have been

⁵ Secret Shopper program is a program where staff from another facility present to the place of business as a customer would present, in order to gain valuable information on services from a customer perspective.

extended to improve wait times for lab collection. Because of these actions, “overall quality” scores met target goal in 1st Qtr, FY 2009.

Trip Pak Report STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	586	Jackson	Mean Score	79.4	76.5	75	68.9	77.3
			N=	507	459	444	3,402	55,407
	586GA	Kosciusko		85.4	74.6	82		
			N=	78	68	68		
	586GB	Meridian		88.4	83.3	84.8		
			N=	84	71	57		

Figure 3. Provider Wait Times

Both CBOCs exceeded parent facility and VHA target score of 77 with the exception of Kosciusko CBOC in the 3rd Qtr, FY 2008.

CBOC Contract

Kosciusko CBOC

The contract for the Kosciusko CBOC is administered through the Jackson VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 16. Contracted services with CR Associates, Inc. began on June 12, 2006, with option years extending through June 30, 2011. The contract terms state that the CBOC will have (1) a Mississippi-licensed physician to serve as medical director and (2) other primary care providers to include Physician Assistants (PAs) and nurse practitioners (NPs). There were 2.8 FTE primary care providers for the 1st Qtr, FY 2009. The Contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 1,677 unique primary medical care enrollees with 3,514 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Jackson VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract

invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

We noted the following regarding contract administration and oversight:

- A. The medical center had erroneously paid \$31,020 in FY 2009 for courier expenses, which according to the contract were the responsibility of the Contractor. In the Scope of Work section 8-Laboratory Services, the contract states “The Contractor shall be responsible for cost of collection and shipping supplies and transportation of specimens to VAMC laboratory or designated facility.”
- B. The Contractor provided a list of enrollees each month to the COTR to verify, which was not in accordance with the contract.

Under the contract provision, Special Contract Requirements, (L.) Reimbursement Models, the contract states:

(d.) The VA will submit a statement to the Contractor by the 5th of the month, via e-mail, with the list of current enrollees.

(e.) The Contractor shall sign the statement and return to the VA by the 15th of the month signifying concurrence. Any discrepancies shall be reconciled between CBOC Coordinator and Contractor. Necessary adjustments shall be made on the next monthly payment.

The COTR received the invoice from the Contractor and attempted to verify 1,700 plus names on the list each month. It appeared by the COTR’s work papers that the list was verified by individually checking all new enrollees and disenrollments on CPRS. Prior to our inspection and subsequent to the invoice payment, a review by Jackson VAMC staff using VistA encounter data showed that there had been an overpayment for 89 enrollees in October, 101 enrollees in November, and 84 enrollees in December 2008, of approximately \$5,800.

- C. We noted that the Kosciusko CBOC was not compliant with two provisions in the contract related to quality monitoring and performance improvement. In the event the compliance criteria is not met, the Contracting Officer is to notify the Contractor of the non-compliance and withhold 5 percent of the total monthly billing for each non-compliant provision until compliance is restored. The withheld amount would not be returned. The first provision requires the Contractor to maintain the monthly prescribed non-formulary drugs to not exceed 5 percent and for new non-formulary prescriptions to not exceed 4 percent. The second provision requires all medical records be in compliance with current preventative health case management guidelines and chronic disease indicators as determined by the External Peer Review Program (EPRP). In the event the compliance criteria is not met, 5 percent of the total monthly fee should be

withheld each month, and the Contracting Officer is to notify the Contractor of the non-compliance.

Based upon our review of performance measures for 1st Qtr, FY 2009, Kosciusko CBOC was out of compliance with both performance measures. Jackson VAMC should have withheld 10 percent (\$5,755) of the \$57,552 total monthly billing. A 5 percent withholding should have been assessed for not meeting the 5 percent threshold of Pharmacy Non-Formulary prescriptions, the Alpha Blockers (terazosin) was at 33 percent, and 5 percent of non-formulary new prescriptions exceeded the 4 percent parameter. An additional 5 percent withhold should have been assessed for 1st Qtr, FY 2009, when 7 out of 30 medical records were out of compliance with EPRP standards. The Contracting Officer was unaware that the Contractor was not meeting the performance criteria; therefore, funds were not withheld and the Contractor was not informed.

- D. The Jackson VAMC was in the process of hiring, but had not replaced the COTR at the time of our inspection December 7, 2009. The previous COTR retired at the end of July 2009, 4 months before our visit.
- E. We observed that in September 2009, Jackson VAMC had implemented an improved invoice review process and established a committee to provide additional CBOC oversight.

Meridian CBOC

The contract for the Meridian CBOC is administered through the Jackson VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 16. Contracted services with CR Associates, Inc. began on January 18, 2005, with option years extending through September 30, 2008. There is an extension in place to the period ending March 31, 2010. The contract terms state that the CBOC will have (1) a Mississippi-licensed physician to serve as medical director and (2) other primary care providers to include PAs and nurse practitioners. There were 2.6 FTE primary care providers for the 1st Qtr, FY 2009. The Contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 3,164 unique primary medical care enrollees with 10,536 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Jackson VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract

invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

We noted the following regarding contract administration and oversight:

- A. The COTR received the invoice from the Contractor and attempted to verify 3,100 plus names on the list each month. It appeared by the COTR's work papers that the list was verified by individually checking all new enrollees and disenrollments on CPRS. Prior to our inspection and subsequent to the invoice payment, a review by Jackson VAMC staff using VistA encounter data showed that there had been an overpayment for 125 enrollees in October, 148 enrollees in November, and 63 enrollees in December 2008, of approximately \$11,900.
- B. We noted that the Meridian CBOC was not compliant with two provisions in the contract related to quality monitoring and performance improvement. In the event the compliance criteria are not met, the Contracting Officer is to notify the Contractor of the non-compliance and withhold 5 percent of the total monthly billing for each non-compliant provision until compliance is restored. The withheld amount would not be returned. The first provision requires the Contractor to maintain the monthly prescribed non-formulary drugs to not exceed 5 percent and for new non-formulary prescriptions to not exceed 4 percent. The second provision requires all medical records be in compliance with current preventative health case management guidelines and chronic disease indicators as determined by the EPRP. In the event the compliance criteria is not met, 5 percent of the total monthly fee should be withheld each month, and the Contracting Officer is to notify the Contractor of the non-compliance.

Based upon our review of performance measures for 1st Qtr, FY 2009, the Meridian CBOC was out of compliance with both performance measures. The Jackson VAMC should have withheld 10 percent (\$11,229) of the \$112,286 total monthly billing. A 5 percent withholding should have been assessed for not meeting the 5 percent threshold of Pharmacy Non-Formulary prescriptions, the Alpha Blockers (terazosin) was at 28 percent, and 6 percent of non-formulary new prescriptions exceeded the 4 percent parameter. An additional 5 percent withhold should have been assessed for 1st Qtr, FY 2009, when 11 out of 30 medical records were out of compliance with EPRP standards. The Contracting Officer was unaware that the Contractor was not meeting the performance criteria; therefore, funds were not withheld and the Contractor was not informed.

- C. The Jackson VAMC was in the process of hiring but had not replaced the COTR at the time of our inspection December 7, 2009. The previous COTR retired at the end of July, 2009, 4 months before our visit.

- D. We observed that in September 2009, Jackson VAMC had implemented an improved invoice review process and established a committee to provide additional CBOC oversight.

Recommendation 10. We recommend that the VISN 16 Director ensure that the Jackson VAMC Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the contracts for the Kosciusko and Meridian CBOCs. Specifically, we recommended that the following measures be taken:

- A. Contracting Officer should ensure properly trained and qualified COTR is in place to provide adequate oversight on the contract.
- B. Contracting Officers should review key contractual provisions with the COTRs and ensure that the COTRs understand the terms of the contract and criteria on which contract performance is measured.
- C. Contracting Officers should monitor the COTR's oversight by evaluating the evidence that the COTR's review and approval of Contractor invoices are in compliance with terms of the contract, including performance measures used to assess incentives and negative incentives. COTRs should retain evidence of their review or be able to identify source documents/reports as evidence of their review. The COTR should inform the Contracting Officer if quality or performance standards are not met.

The VISN and VAMC Directors concurred with our finding and recommendation. The CBOC Coordinator will complete COTR training and work with contracting officers to provide oversight and monitor CBOC contracts. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 11. We recommend that the VISN 16 Director ensure that the Jackson VAMC Director provides CR Associates, Inc. with a current list of inactivated enrollees to prevent future overcharges on billings for the Kosciusko and Meridian CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. A computerized method of enrollee verification will be developed to improve the billing process. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 12. We recommend that the VISN 16 Director ensure that the Jackson VAMC Director takes steps to collect the overpayment for laboratory collection, shipping, and transportation expenses which the Kosciusko contract stated were the responsibility of the Contractor.

The VISN and VAMC Directors concurred with our finding and recommendation. The subcontract for courier services will be investigated and reassigned to the contractor for

payments as appropriate. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

B. VISN 16, Muskogee VAMC – Tulsa

Quality of Care Measures

The Tulsa CBOC quality measure scores exceeded the parent facility scores with the exception of hyperlipidemia screening, DM low-density lipoprotein cholesterol (LDL-C), and suicide evaluation after positive PTSD screening. (See Appendix H.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders of four nurses at the Tulsa CBOC. All providers possess a full, active, current, and unrestricted license. All nurses' license and education requirements were verified and documented.

Background Checks

According to VHA Directive 0710, all Federal appointments are subject to background checks. A provider who was hired 6 months prior to our visit did not have a background check initiated. A background check was initiated while we were onsite, and a new process was implemented to ensure that all background checks are requested according to policy.

Recommendation 13. We recommended that the VISN 16 Director ensure that the Muskogee VAMC Director requires all background checks at the Tulsa CBOC be initiated according to policy.

The VISN and VAMC Directors concurred with our finding and recommendation. A new process has been implemented to ensure that all background checks are initiated promptly. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The CBOCs were clean and well maintained.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical emergencies, including MH, are handled. Our interviews revealed staff at the CBOC articulated responses that accurately reflected the local policy.

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 4 and 5.

Trip Pak Report STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	623	Muskogee	Mean Score	77.7	77	74.3	75.9	78.5
			N=	75	52	72	3,372	54,400
	623BY	Tulsa		80.6	75.4	92.2		
			N=	77	68	58		

Figure 4. Outpatient Overall Quality

The Tulsa CBOC scored above the parent facility and VHA target score of 77 in the 2nd and 4th Qtrs, FY 2008, for “overall quality,” and scored below both for the 3rd Qtr. Managers at the Tulsa CBOC anticipated a decline in scores for “overall quality” during the 3rd quarter due to several major construction and building maintenance projects. Also during this time a new centralized check-in and check-out process, unfamiliar to patients, was initiated. Other actions taken to improve patient satisfaction in “overall quality” included: (1) The “We Want to Earn a 10 From You” campaign was started, (2) staff duty schedules were staggered to begin earlier check-ins, (3) appointment times were adjusted to accommodate patients’ work schedules, (4) walk-in and unassigned clinics were developed for patients not yet assigned to a team, and (5) input and feedback on the transition was solicited from the caregivers.

Trip Pak Report STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	623	Muskogee	Mean Score	74.2	69.9	61.5	68.9	77.3
			N=	75	52	74	3,402	55,407
	623BY	Tulsa		69.6	80.4	78.8		
			N=	72	66	57		

Figure 5. Provider Wait Times

The Tulsa CBOC scored above the parent facility and VHA target score of 77 in the 2nd and 3rd Qtrs, FY 2008 for the “provider wait times,” while both the CBOC and parent facility failed to meet the target score during the 4th Qtr. With the implementation of a centralized check-in process, managers anticipated a possible decrease in the “provider

wait time” scores. A patient checklist was designed to keep patients organized during their appointments, and scripting was used to focus on patients’ perception of time.

C. VISN 16, Oklahoma City VAMC – Konawa and Lawton

Quality of Care Measures

The Konawa CBOC (contract) scored significantly below the Lawton CBOC and the parent facility's performance measure scores. The Konawa CBOC scored below the parent facility's performance in the DM foot inspection (55 percent), pedal pulses (23 percent), foot sensory exam using monofilament (50 percent), the retinal eye exam (55 percent), and the LDL-C exam (80 percent). (See Appendix I.)

While onsite, we learned that the Konawa CBOC had significant staff recruitment and retention issues in the past year. The new staff had not received sufficient training on how to document the elements of the performance measures criteria. The parent facility has hired a CBOC coordinator whose primary function is to train staff and monitor the clinical performance measures. The quality measure scores are discussed during the CBOC staff meeting and with each individual provider. The CBOC coordinator reported that providers' recent documentation meets the performance measure criteria. It is expected that if this trend continues, the CBOCs will be able to meet the target performance measures scores.

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders for four nurses at both the Konawa and Lawton CBOCs. All providers possess full, active, current, and unrestricted licenses. All nurses' license and education requirements were verified and documented. In addition, all background checks were initiated and completed as required. However, we identified the following areas that needed improvement:

Clinical Privileging

The PSB granted clinical privileges for procedures that were not performed at either CBOC. Physicians were granted core privileges for internal medicine, which included abdominal paracentesis, needle aspiration of superficial lymph nodes, arthrocentesis, and central lines insertion. Privileges need to be consistent with the practices at the Lawton and Konawa CBOCs and specific for that setting.

Staff Competencies

At the Lawton CBOC, nurses routinely dispensed prosthetic adaptive devices such as crutches to patients and trained the patients in the use of the device. At the time of our visit, clinical staff told us they were not trained in dispensing the device. The establishment of competencies is the assurance that an individual has received the appropriate training and has demonstrated the skill level required to independently and appropriately perform an assigned task.

Recommendation 14. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director requires that the PSB grant privileges consistent with the services provided at both Konawa and Lawton CBOCs.

The VISN and VAMC Directors concurred with our finding and recommendation. The request for privileges will be revised to include procedures performed at the CBOCs and will not be categorized according to the training received by the providers. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 15. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director requires that the Lawton CBOC staff are trained and evaluated and that their competencies are documented.

The VISN and VAMC Directors concurred with our finding and recommendation. All licensed nursing staff have received training on assistive devices, and evaluation of competencies is currently complete on 100 percent of the staff. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. The clinics met most standards, and the environments were generally clean and safe. However, we identified the following area that needed improvement:

Personally Identifiable Information

Control of the environment includes control of confidential patient information according to Health Insurance Portability and Accountability Act (HIPAA) regulations. In the Konawa CBOC, on an office desk accessible to people in the hallway, we found the following documents: a narcotic prescription, two pages with written patient information, and 3 months of telephone memos that included patient information. Consequently, confidential patient information was not secured.

Recommendation 16. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC requires clinical managers at the Konawa CBOC maintain PII in a secure fashion in compliance with VHA policy.

The VISN and VAMC Directors concurred with our finding and recommendation. Assessment of privacy violations will be conducted during the quarterly EOC rounds. At least monthly, the CBOC Nurse Manager and/or CBOC Coordinator will assess

compliance during visits. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical, including MH, emergencies are handled. Both CBOCs' policies outlined management of medical and MH emergencies. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

Patient Satisfaction

The SHEP results for FY 2008 are displayed in Figures 6 and 7.

Trip Pak Report STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	635	Oklahoma City	Mean Score	73.6	70.9	70.9	75.9	78.5
			N=	87	61	74	3,305	54,400
	635GD	Konawa		76.4	61.9	69.9		
			N=	65	79	91		
	635GA	Lawton		68.5	67.8	72.4		
			N=	60	63	65		

Figure 6. Outpatient Overall Quality

The parent facility did not meet the target measure of 77 for “overall quality” in FY 2008. The Konawa CBOC scored lower than the parent facility during the 2nd and 3rd Qtrs; however, scores improved significantly during the 4th Qtr, surpassing the parent facility's performance. The Lawton CBOC overall quality measure scores were lower than the parent facility scores except for the 2nd Qtr. To improve satisfaction scores, the parent facility launched an inclusive customer service initiative that included planned customer service training and just-in-time interventions. They also assigned a coordinator to oversee the CBOCs.

Trip Pak Report STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent less than/equal to 20 minutes)	635	Oklahoma City	Mean Score	70.9	72.6	63.9	68.9	77.3
			N=	91	61	74	3,403	55,407
	635GD	Konawa		67.6	62.6	66.8		
			N=	70	77	95		
	635GA	Lawton		74.7	73.1	75.9		
			N=	59	68	67		

Figure 7. Provider Wait Times

Neither the parent facility nor the CBOCs met the target measure score (77) for “provider wait times” in FY 2008. It is expected that with appointing a CBOC coordinator, filling vacancies, and the ongoing monitoring of the clinical measures, both CBOCs will continue to improve their patient satisfaction scores.

CBOC Contract

Konawa CBOC

The contract for the Konawa CBOC is administered through the Oklahoma City VAMC for delivery and management of primary and preventative medical care and continuity of care for all eligible veterans in VISN 16. Contracted services with the Central Oklahoma Family Medical Center, Inc. began on September 1, 2005, with option years extending through September 30, 2010. The contract terms state that the CBOC will have (1) an Oklahoma-licensed physician to serve as medical director and (2) other primary care providers to include PAs and NPs. There was 1.0 FTE primary care provider for the 1st Qtr, FY 2009. The Contractor was compensated by the number of enrollees at a monthly capitated rate per enrollee. The CBOC had 1,272 unique primary medical care enrollees with 4,500 visits as reported on the FY 2008 CBOC Characteristics report (see Figure 1).

We reviewed the contract to determine the contract type, the services provided, the invoices submitted, and supporting information. We also performed inquiries of key Oklahoma City VAMC and contractor personnel. Our review focused on documents and records for the 1st Qtr, FY 2009. We reviewed the methodology for tracking and reporting the number of enrollees in compliance with the terms of the contract. We reviewed capitation rates for compliance with the contract; form and substance of the contract invoices for ease of data analysis by the COTR; and duplicate, missing, or incomplete SSNs on the invoices.

We noted the following regarding contract administration and oversight:

- A. The Oklahoma City VAMC was charged for tele-medicine MH sessions provided by a psychiatrist and psychologist, both of whom were employed by the Oklahoma City VAMC on a full-time basis. The charges for the period under review amounted to approximately \$3,725. The breakdown of the sessions in question is as follows: October 2008 (28 sessions), November 2008 (27 sessions), and December 2008 (15 sessions). The Oklahoma City VAMC contracted with the Konawa CBOC to provide MH providers, including psychiatrists, psychologists and social workers for treatment based on specified rates per session. The Konawa clinic did provide the services of a social worker onsite; however, the services of the psychiatrist and psychologist were provided remotely by the Oklahoma City VAMC employees.
- B. The COTR did not assess the performance measures regarding the incentive/disincentive provisions in the contract. The performance measures are used to assess contractor performance in certain desired outcomes including: (1) health promotion and disease prevention; (2) improved access, convenience and timeliness of healthcare services; and (3) maintaining current patient records. These provisions provide monetary incentives or penalties based on the contractor performance in desired outcomes and are supposed to be assessed in time frames specified in the contract.
- C. Although outside of the period of our review, we noted that invoices for the period March 2006, through September 30, 2008, were paid \$4 over the capitated rate stated in the contract, totaling approximately \$150,000. We were unable to review additional invoices for potential overpayments for the period August 2005 through February 2006 because these were not available as of the date of this report.
- D. We found that for the months of August, September, and October 2009, payments were made for lab services that totaled \$37,104. There was no contract addendum for payment of lab services at Medicare reimbursement rates. According to contract provision, (F) Primary Provider Requirements/Criteria, bullet 3 states, "Laboratory and radiological testing beyond bulleted list specified under "Services Provided by Primary Care" will be arranged through the Oklahoma City, VAMC. Payment for such additional laboratory services must be contracted separately as a modification by addendum to this contract." The bulleted list of services includes "Basic laboratory services including CBC [Complete Blood Count], UA [Urinalysis], Na [Sodium], KCL [Potassium Chloride], CO2 [Carbon Dioxide], FBS [Fasting Blood Sugar], Cr [Creatinine]." Additionally we noted that many of the Current Procedural Terminology (CPT) codes billed in August through October 2009 were already included in the contract under "List of Services" under CPT codes 80002-89399 for Pathology and Laboratory services. The only contract modification regarding lab fees was an addendum effective August 1, 2005, which compensated the contractor for processing lab requests at the

contracted rate. Reimbursements for August through October 2009 would have totaled approximately \$4,200 at the contracted rate.

- E. Additionally, we found the September and October 2009 lab invoices were overpaid by approximately \$4,400 because the supporting lab fee charges did not total to the totals represented on the invoices. The September and October invoice amounts submitted and paid were \$14,295 and \$13,603 respectively. However, the total of the lab fee charges provided as support for September and October billings was \$12,018 and \$11,467 respectively. As of the date of this report, we were unable to complete tests on the August 2009 invoice because of missing documentation.

Recommendation 17. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director increases contract oversight in accordance with terms and conditions as stated in the contract for Konawa. Specifically, we recommended that the following measures be taken:

- A. The Contracting Officer should review key contractual provisions with the COTR and ensure that the COTR understands the terms of the contract and criteria on which contract performance is measured.
- B. Contracting Officers should monitor the COTR's oversight by evaluating the evidence that the COTR's review and approval of Contractor invoices is in compliance with terms of the contract, including performance measures used to assess incentives and negative incentives. COTRs should retain evidence of their review or be able to identify source documents/reports as evidence of their review. The COTR should inform the Contracting Officer if quality or performance standards are not met.
- C. Contracting Officers must update all contract modifications timely to ensure that a record is maintained for all changes in contract terms and conditions.
- D. COTRs should perform mathematical accuracy checks on all invoices to ensure that invoices have complete and accurate supporting detail and reconcile to the billed amount.

The VISN and VAMC Directors concurred with our finding and recommendation. The Contracting Officer will meet with the COTR to review key contractual provisions and criteria on which contract performance is measured, evaluate evidence of COTR's review and approval of invoices, and ensure all contract modification are updated timely. The COTR will perform mathematical accuracy checks on all invoices. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 18. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director recovers overcharges of approximately \$3,725 associated with the contractor's billings for MH professionals who were VA employees for the period October-December 2008. Additionally, all invoices for MH services should be reviewed to determine the scope of the overcharges and recover those overcharges.

The VISN and VAMC Directors concurred with our finding and recommendation. The COTR will ensure that the overcharges are recovered that are associated with the contractor's billings for MH professionals. All invoices for MH services will be reviewed to determine the scope of the overcharges. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 19. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director corrects the administrative deficiencies that led to overcharges on capitated payments between March 2006 and September of 2008, and determines if VA should attempt to recover these funds from the contractor.

The VISN and VAMC Directors concurred with our finding and recommendation. The Contracting Officer will evaluate evidence of COTR's review and approval of invoices quarterly to ensure compliance with contract terms and ensure all contract modifications are up-to-date. The COTR will perform mathematical accuracy checks on all invoices to ensure invoices have complete and accurate supporting detail. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 20. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director recovers lab overcharges of approximately \$4,400 and prepare an addendum to the contract for payment of additional lab services in compliance with the terms of the contract.

The VISN and VAMC Directors concurred with our finding and recommendation. Arrangements were made with the Konawa Clinic to recover the identified overcharges. The Contracting Officer is preparing an addendum to the contract for payment of lab services not covered in the current contract. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

D. VISN 16, Shreveport VAMC – Texarkana and Longview

Quality of Care Measures

Both Texarkana and Longview CBOC quality measures equaled or exceeded the parent facility scores. (See Appendix J.)

Credentialing and Privileging

We reviewed the C&P files of five providers and the personnel folders of four nurses at the Texarkana CBOC and four providers and three nurses at the Longview CBOC. All providers and nurses possess a full, active, current, and unrestricted license. The C&P files and nurses' personnel folders were well organized and contained the required documents. In addition, all background checks were initiated and completed as required. However, we found the following area that needed improvement.

Declaration of Health

The medical center obtained the health declarations of Licensed Independent Practitioners during the reappraisal process as required by VHA Handbook 1100.19 but failed to scan the declarations into the VetPro⁶ database. Failure to scan these documents into the VetPro system has the potential of decreasing the efficiency and accuracy of the credentialing process. Because hard copies of the declarations were available for review during the reappraisal process and senior managers have agreed to scan the declarations into the VetPro system, we did not make a recommendation.

Environment and Emergency Management

Environment of Care

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control and general maintenance. Both CBOCs' internal EOCs were clean and well maintained. However, we identified the following areas that needed improvement:

Safety

In the Longview CBOC MH registration area, we found a pair of scissors on the registration clerk's desk. The MH patients are more vulnerable to experience an emergency crisis; therefore, it is imperative that all potentially harmful items are stored in a secure area.

⁶ VetPro is a Web-based physician credentialing system. Its use allows accurate and complete credentials to be obtained once, electronically banked, and retrieved for review and updating in secure Web-based environment.

Personally Identifiable Information

During the MH check-in process at the Longview CBOC, the adjacent door remains open. Security and the business office clerks are in the adjacent area where non-MH patients check in. There is a risk of confidential information being overheard by other patients and non-essential staff. We also found intake forms that included patient health information, name, and SSN face up in an open bin/container. HIPAA regulations require the facility to maintain patient privacy during the check-in process.

Recommendation 21. We recommended that the VISN 16 Director ensure that the Shreveport VAMC Director requires PII be maintained in a more secure manner at the Longview CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. The open-top shred box was replaced with a covered shred box. Compliance with securing PII will be tracked during EOC rounds. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Recommendation 22. We recommended that the VISN 16 Director ensure that the Shreveport VAMC Director requires all potentially harmful items are secured during the MH intake process at the Longview CBOC.

The VISN and VAMC Directors concurred with our finding and recommendation. Staff member was instructed to secure potentially harmful items all times. Compliance with this issue will be tracked during EOC rounds. The improvement plans are acceptable, and we will follow up on the planned actions until they are completed.

Emergency Management

VHA Handbook 1006.1 requires each CBOC to have a local policy or SOP defining how medical and MH emergencies are handled. Our interviews revealed staff at each facility articulated responses that accurately reflected the local emergency response guidelines.

Patient Satisfaction

SHEP results for FY 2008 are displayed in Figures 8 and 9.

Trip Pak Report STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q56) - Outpatients (percent Very Good, Excellent)	667	Shreveport	Mean Score	79	71.7	70.1	75.9	78.5
			N=	78	70	65	3,372	54,400
	667GA	Texarkana		72.3	69.1	76.1		
			N=	68	61	70		
	667GC	Longview		75.8	87.1	76.8		
			N=	66	69	72		

Figure 8. Outpatient Overall Quality

Texarkana CBOC exceeded the parent facility's scores in the 2nd Qtr, FY 2008, for "overall quality." However, Texarkana CBOC scored below the parent facility's indicator in the 3rd and 4th Qtrs and the VHA target scores of 77 in all quarters for FY 2008. Longview CBOC exceeded the parent facility's scores for "overall quality" and met the VHA target score of 77 percent in the 2nd and 3rd Qtrs. However, the Longview CBOC scored below the parent facility and the VHA target score of 77 in the 4th Qtr, FY 2008.

Trip Pak Report STA5 Level Patient Perceptions of Care 2008 SHEP Performance Measures YTD Through September 2008								
Performance Measure (SHEP question #)	Station Number	Facility Name	Data Type	FY08 Qtr 4	FY08 Qtr 3	FY08 Qtr 2	VISN FY08, Qtr 4	National FY08, Qtr 4
(Q6) - (percent Less than/equal to 20 minutes)	667	Shreveport	Mean Score	63.3	56.7	49.4	68.9	77.3
			N=	73	66	64	3,402	55,407
	667GA	Texarkana		50.3	53.3	55.1		
			N=	68	61	73		
	667GC	Longview		79.2	76.1	65.9		
			N=	67	68	74		

Figure 9. Provider Wait Times

Texarkana CBOC and the parent facility failed to meet VHA target score of 77 for the "provider wait times" in all quarters in FY 2008. The Longview CBOC exceeded the parent facility's scores in all quarters in FY 2008 but only met the VHA target score of 77 in the 4th Qtr. To improve patient satisfaction scores, the Texarkana CBOC appointed a new Chief of Primary Care who had extensive experience in CBOC management. The

position of Assistant Chief of Primary Care for CBOCs was also created to provide additional oversight. The CBOC hours of operation were changed to improve access for unscheduled patients and enhance patient communications with providers.

VISN 16 Director Comments

**Department of
Veterans Affairs**

Memorandum

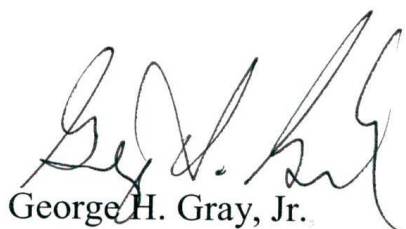
Date: January 27, 2010

From: Director, Veterans Integrated Service Network 16 (10N16)

Subject: **Healthcare Inspection – CBOC Reviews: Kosciusko and Meridian, MS; Tulsa, OK; Konawa and Lawton, OK; and Texarkana, AR and Longview, TX**

To: Director, CBOC/Vet Center Program Review, Office of Healthcare Inspections (54F)

1. I have reviewed and concurred with the recommendations and responses made during the Office of Inspector Review at the CBOCs' in VISN 16.
2. We appreciate the opportunity to work with the Office of Inspector General. If you have any questions regarding the response, please contact Mary Jones at 601-364-7871.



George H. Gray, Jr.

Network Director

Jackson VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 20, 2010

From: Director, Jackson VAMC (586/00)

Subject: **Healthcare Inspection – CBOC Reviews: Kosciusko and Meridian, MS**

To: Director, Veterans Integrated Service Network 16 (10N16)

1. Enclosed for your review is the response to the draft report of our Community Based Outpatient Clinic (CBOC) review of the Kosciusko and Meridian, MS CBOCs. The purposes of the review were to assess if CBOCs are operated in a manner that provides Veterans with consistent, safe, high-quality health care, in accordance with VA policies and procedures.

2. I have reviewed the report and concur with the findings. Action plans have been developed to address the recommendations. If you have any questions or need additional information, please contact Ms. Amanda Ellis, Acting CBOC Coordinator, at 601-362-4471, ext. 3998.

(original signed by:)

Linda F. Watson

Jackson VAMC Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 1. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires that clinical managers review the privileges that have been granted to clinic staff and grant privileges that are consistent with providers' practices at the Kosciusko and Meridian CBOCs.

Concur

Target Completion Date: February 15, 2010

Privileges for these providers will be amended to reflect the appropriate scope of practice.

Recommendation 2. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires that when reprivileging, provider-specific data be aggregated and compared to those privileged practitioners who hold the same or comparable privileges at the Kosciusko and Meridian CBOCs.

Concur

Target Completion Date: April 15, 2010

Professional standard board folders have been reviewed for all contract providers in the CBOCs by Chief of Staff. Provider specific performance for FY09 from quarterly provider profiles have been reviewed and no issues identified. Individual provider profile files are being developed. Chief of Staff will review data quarterly and provide feedback to contractor quality management department. Contractor will provide Chief of Staff and CBOC Coordinator with quality data they collect on their providers for inclusion in the files quarterly. Program analyst for primary care services will provide Chief of Staff and CBOC Coordinator with provider specific data quarterly regarding performance measures. These metrics will be compared to VAMC providers with comparable privileges when reviewing for re-privileging.

Recommendation 3. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires the CBOC contractor collect and review quality data on a regular basis for any radiologists providing

services under a sub-contract agreement at the Kosciusko and Meridian CBOCs.

Concur **Target Completion Date: March 1, 2010**

CRA is to provide quarterly quality data of peer review findings for radiological services to Chief of Staff through CBOC coordinator.

Recommendation 4. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires all background checks for the Kosciusko and Meridian CBOCs are accomplished in accordance to VHA policy.

Concur **Target Completion Date: February 1, 2010**

HR and CBOC Coordinator will identify those employees needing security clearance and initiate per VA policy.

Recommendation 5. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires the Contractor inspect the Kosciusko CBOC on a regular bases for cleanliness and needed repairs.

Concur

Target Completion Date: Inspections to begin February 2010.

Monthly inspections by the CBOC administrators following environment of care checklist will be done and reported to the CBOC Coordinator with the target of 85% compliance. Quarterly environment of care surveys will be performed by the CBOC Coordinator or designated appointee.

Recommendation 6. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires that sharps containers be placed where staff can access them in a safe manner at the Kosciusko CBOC.

Concur **Target Completion Date: February 5, 2010**

CRA [CR Associates, Inc.] will replace the sharps containers at the Kosciusko facility with non opaque containers and place them at appropriate height for employee safety.

Recommendation 7. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires the Meridian CBOC staff develop and implement a secure method of transporting medications and patient care information to the Jackson VAMC.

Concur

Target Completion Date: February 15, 2010

OIT will ensure that scanners are available at all CBOC's for scanning patient records into CPRS/VISTA. Once items are scanned and documents have undergone a quality assurance check, they will be destroyed per VA policy/protocol. If documents are unable to be scanned/destroyed at the CBOC, they will be placed in a secure and sealed envelope and sent by standardized mail to VAMC for final disposition.

All medications will be kept in a secure location with expired medications being segregated and secure until ready to be mailed to VAMC pharmacy for disposal.

Recommendation 8. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director requires both Kosciusko and Meridian CBOCs revise the local SOP for medical, to include MH, emergencies to reflect the actual practices.

Concur

Target Completion Date: February 15, 2010

CBOC Emergency Protocols for common medical and mental health emergencies will be developed by patient safety office and approved by CRA and Wesley.

Recommendation 9. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director evaluates the adequacy of access to MH services at the Kosciusko CBOC.

Concur

Target Completion Date: February 1, 2010

Social work chief will assign a social worker to the Kosciusko CBOC two days a week to cover current employee out on sick leave.

Recommendation 10. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director provides contract oversight and enforcement in accordance with the terms and conditions as stated in the

contracts for the Kosciusko and Meridian CBOCs. Specifically, we recommended that the following measures be taken:

- A. Contracting Officer should ensure properly trained and qualified COTR is in place to provide adequate oversight on the contract.
- B. Contracting Officers should review key contractual provisions with the COTRs and ensure that the COTRs understand the terms of the contract and criteria on which contract performance is measured.
- C. Contracting Officers should monitor the COTR's oversight by evaluating the evidence that the COTR's review and approval of Contractor invoices are in compliance with terms of the contract, including performance measures used to assess incentives and negative incentives. COTRs should retain evidence of their review or be able to identify source documents/reports as evidence of their review. The COTR should inform the Contracting Officer if quality or performance standards are not met.

Concur

Target Completion Date: April 1, 2010

CBOC Coordinator will complete COTR training and work with contracting officers to provide oversight and monitor of CBOC contracts.

Recommendation 11. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director ensures that the Jackson VAMC Director provide CR Associates, Inc. with a current list of inactivated enrollees to prevent future overcharges on billings for the Kosciusko and Meridian CBOCs.

Concur

Target Completion Date: February 1, 2010

COTR will work with CAC to develop a computerized method of enrollee verification to improve this process.

Recommendation 12. We recommended that the VISN 16 Director ensure that the Jackson VAMC Director takes steps to collect the overpayment for laboratory collection, shipping, and transportation expenses which the Kosciusko contract stated were the responsibility of the Contractor.

Concur

Target Completion Date: April 15, 2010

The subcontract for courier services will be investigated and reassigned to contractor for payment as appropriate.

Muskogee VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 25, 2010
From: Acting Director, Muskogee VAMC (623/00)
Subject: **Healthcare Inspection – CBOC Reviews: Tulsa, OK**
To: Director, Veterans Integrated Service Network 16
(10N16)

1. In response to the Office of Healthcare Inspection's Draft report, subject as above, attached is Muskogee's response for the Tulsa CBOC.
2. If additional information is required, please contact Debbie Perdue, RN, Chief of Quality & Performance Improvement, at 918-577-3702 or Martha Hardesty, RN, Performance Improvement Specialist, at 918-577-3473.

(original signed by:)
GRACIE SPECKS

Muskogee VAMC Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 13. We recommended that the VISN 16 Director ensure that the Muskogee VAMC Director requires all background checks at the Tulsa CBOC be initiated according to policy.

Concur

Target Completion Date: 12/9/09

The new process requires the SAC to be adjudicated and the background investigation to be initiated before the person is issued an identification badge. Without the identification badge the person is not given computer access. The new process will help assure that the background investigations are initiated promptly.

Oklahoma City VAMC Director Comments

Department of Veterans Affairs

Memorandum

Date: January 22, 2010

From: Director, Oklahoma City VAMC (635/00)

Subject: **Healthcare Inspection – CBOC Review: Konawa and Lawton, OK**

To: Director, Veterans Integrated Service Network 16 (10N16)

1. The recommendations made during the Office of Inspector Review of the CBOCs in Konawa and Lawton, OK have been reviewed, and responses to the findings and recommendations are attached.
2. We appreciate the opportunity to work with the Office of Inspector General as we continuously strive to improve the quality of healthcare provided to America's Veterans.
3. If you have any questions, please contact me at 405-456-3301.

(original signed by:)

David P. Wood, MHA, FACHE
Medical Center Director

Oklahoma City VAMC Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 14. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director requires that the PSB grant privileges consistent with the services provided at both Konawa and Lawton CBOCs.

Concur

Target Completion Date: May 1, 2010

The request for privileges will be revised to include procedures performed at the outpatient clinics, and will not be categorized according to the training received by the providers. The new privileges will be approved by the credentialing committee.

Recommendation 15. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director requires the Oklahoma City VAMC Director requires that the Lawton CBOC staff are trained and evaluated and that their competencies are documented.

Concur

Target Completion Date: Complete

All licensed nursing staff at the Lawton CBOC received training on assistive devices. Competencies regarding assistive devices were added to the role specific competencies of RNs and LPNs at the clinic. Evaluation of competencies is currently complete on 100% of the staff.

Recommendation 16. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director requires that clinical managers at the Konawa CBOC maintain PII in a secure fashion in compliance with VHA policy.

Concur

Target Completion Date: January 27, 2010

A letter and Contract Discrepancy Report has been sent to the Konawa Clinic identifying a failure to maintain PII in a secure fashion and delineating the need to revise processes regarding PII. In addition to assessment of privacy violations during quarterly EOC rounds, at least monthly, the CBOC Nurse Manager and/or the CBOC Coordinator will assess compliance during visits. The Contracting Officer will be notified of further violations and necessary action will be taken.

Recommendation 17. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director increases contract oversight in accordance with terms and conditions as stated in the contract for Konawa. Specifically, we recommended that the following measures be taken:

A. The Contracting Officer should review key contractual provisions with the COTR and ensure that the COTR understand the terms of the contract and criteria on which contract performance is measured.

B. Contracting Officers should monitor the COTR's oversight by evaluating the evidence that the COTR's review and approval of Contractor invoices is in compliance with terms of the contract, including performance measures used to assess incentives and negative incentives. COTRs should retain evidence of their review or be able to identify source documents/reports as evidence of their review. The COTR should inform the Contracting Officer if quality or performance standards are not met.

C. Contracting Officers must update all contract modifications timely to ensure that a record is maintained for all changes in contract terms and conditions.

D. COTRs should perform mathematical accuracy checks on all invoices to ensure that invoices have complete and accurate supporting detail and reconcile to the billed amount.

Concur

Target Completion Date: Complete

The Contracting Officer has established a meeting with the COTR to review key contractual provisions and criteria on which contract performance is measured.

The Contracting Officer will evaluate evidence of COTR's review and approval of invoices quarterly to ensure compliance with contract terms, inclusion of any negative or positive incentives, and require COTR to inform of any quality standards not met.

The Contracting Officer will ensure all contract modifications are updated timely to assure all changes in contract terms and conditions are up to date.

The COTR will perform mathematical accuracy checks on all invoices to ensure invoices have complete and accurate supporting detail and reconciled to the billed amount.

Recommendation 18. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director recovers overcharges of approximately \$3,725 associated with the contractor's billings for mental health professionals who were VA employees for the period October-December 2008. Additionally, all invoices for MH services should be reviewed to determine the scope of the overcharges and recover those overcharges.

Concur

Target Completion Date: March 1, 2010

The COTR will assure that \$3,725 associated with contractor's billings for mental health professionals who were VA employees for the period October to December 2008 are repaid. COTR will assure all invoices will be reviewed also by Mental Health Service to ensure that no further overcharges are made in this area. All overcharges will be discussed with the contractor and repayment will be accomplished by offsetting monthly invoices by the Austin Finance Center.

Recommendation 19. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director corrects the administrative deficiencies that led to overcharges on capitated payments between March 2006 and September of 2008, and determines if VA should attempt to recover these funds from the contractor.

Concur

Target Completion Date: Complete

The administrative deficiencies that led to overcharges on capitated payments have been resolved. The Contracting Officer will evaluate evidence of COTR's review and approval of invoices quarterly to ensure compliance with contract terms. The Contracting Officer will ensure all contract modifications are up-to-date. The COTR will perform mathematical accuracy checks on all invoices to ensure invoices have complete and accurate supporting detail. Based on budget data the facility has for the time period reviewed, the agreed capitated rate matches the

amount billed by the contractor. Therefore, the medical center will not attempt to recover these funds from the contractor.

Recommendation 20. We recommended that the VISN 16 Director ensure that the Oklahoma City VAMC Director recovers lab overcharges of approximately \$4,400 and prepare an addendum to the contract for payment of additional lab services in compliance with the terms of the contract.

Concur

Target Completion Date: March 1, 2010

Arrangements were made with the Konawa Clinic to recover the identified overcharges.

The Contracting Officer is preparing an addendum to the contract for payment of lab services not covered in the current contract.

Shreveport VAMC Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: January 25, 2010

From: Director, Shreveport VAMC (667/00)

Subject: **Healthcare Inspection – CBOC Review: Texarkana, AR and Longview, TX**

To: Director, Veterans Integrated Service Network 16 (10N16)

Overton Brooks VA Medical Center concurs with the findings. We have provided the specific corrective actions planned for each recommendation.

(original signed by:)
George M. Moore, Jr.

Shreveport VAMC Director's Comments to Office of Inspector General's Report

The following Director's comments are submitted in response to the recommendations in the Office of Inspector General's report:

OIG Recommendations

Recommendation 21. We recommended that the VISN 16 Director ensure that the Shreveport VAMC Director requires PII be maintained in a more secure manner at the Longview CBOC.

Concur

Target Completion Date: January 8, 2010

Personally identified information found in the shred box by the clerk's desk was immediately secured. This check-in area is behind a glass window and not accessible to Veterans. Open-top shred box was replaced with a covered shred box on January 8, 2010. Prior to replacement, information was placed face-down in the box. Information is shredded at the close of each Business Day. Additionally this issue will be followed up for continued compliance in EOC rounds that are conducted at this CBOC.

Recommendation 22. We recommended that the VISN 16 Director ensure that the Shreveport VAMC Director requires all potentially harmful items are secured during the MH intake process at the Longview CBOC.

Concur

Target Completion Date: December 9, 2009

Mental Health staff member immediately secured the scissors found on the Mental Health Intake desk. Staff member was instructed to secure potentially harmful items at all times. Additionally this issue will be followed up for continued compliance in EOC rounds that are conducted at this CBOC.

CBOC Characteristics

CBOC Station Number	CBOC Name	Parent VA	Specialty Care	Podiatry	Gastrointestinal	Physical Therapy	Rheumatology	Dental	Urology	Optometry	Tele-Retinal Services	Otolaryngology	Audiology
586GA	Kosciusko, MS	Jackson, MS	No	No	No	No	No	No	No	No	No	No	No
586GB	Meridian, MS	Jackson, MS	No	No	No	No	No	No	No	No	No	No	No
623BY	Tulsa, OK	Muskogee, OK	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
635GD	Konawa, OK	Oklahoma City, OK	No	No	No	No	No	No	No	No	No	No	No
635GA	Lawton, OK	Oklahoma City, OK	Yes	No	No	No	No	Yes	No	No	Yes	No	No
667GA	Texarkana, AR	Shreveport, LA	No	No	No	No	No	No	No	No	No	No	No
667GC	Longview, TX	Shreveport, LA	No	No	No	No	No	No	No	No	No	No	No

Specialty Care Services

CBOC Station Number	CBOC Name	Parent VA	Laboratory (draw blood)	Radiology	Onsite Pharmacy	EKG	Social Services	Dietary Services	Tele-medicine
586GA	Kosciusko, MS	Jackson, MS	Yes	Yes	No	Yes	No	No	No
586GB	Meridian, MS	Jackson, MS	Yes	Yes	No	Yes	No	No	No
623BY	Tulsa, OK	Muskogee, OK	Yes	Yes	Yes	Yes	Yes	Yes	No
635GD	Konawa, OK	Oklahoma City, OK	Yes	Yes	No	Yes	Yes	No	No
635GA	Lawton, OK	Oklahoma City, OK	Yes	No	Yes	Yes	Yes	Yes	No
667GA	Texarkana, AR	Shreveport, LA	Yes	No	Yes	Yes	Yes	Yes	No
667GC	Longview, TX	Shreveport, LA	Yes	No	Yes	Yes	Yes	Yes	No

Onsite Services

CBOC Station Number	CBOC Name	Parent VA	Mental Health Care	Primary Care Physicians	Psychologist	Psychiatrist	Nurse Practitioner	Social Worker	Tele-mental health
586GA	Kosciusko, MS	Jackson, MS	Yes	No	No	No	Yes	Yes	Yes
586GB	Meridian, MS	Jackson, MS	Yes	No	No	No	Yes	Yes	Yes
623BY	Tulsa, OK	Muskogee, OK	Yes	Yes	Yes	Yes	Yes	Yes	Yes
635GD	Konawa, OK	Oklahoma City, OK	Yes	No	Yes	Yes	No	Yes	Yes
635GA	Lawton, OK	Oklahoma City, OK	Yes	No	Yes	Yes	No	No	Yes
667GA	Texarkana, AR	Shreveport, LA	Yes	No	No	No	Yes	Yes	Yes
667GC	Longview, TX	Shreveport, LA	Yes	No	No	No	Yes	Yes	Yes

Mental Health Services

CBOC Station Number	CBOC Name	Internal Medicine Physician	Primary Care Physician	Nurse Practitioner	Physician Assistant	Registered Nurse	LPN	Psychologist	Pharmacist	Social Worker	Dietary	Technologists	Administrative/Clerical	Others
586GA	Kosciusko, MS	No	Yes	Yes	No	Yes	Yes	No	No	Yes	No	Yes	Yes	No
586GB	Meridian, MS	No	Yes	Yes	No	Yes	Yes	No	No	Yes	No	Yes	Yes	No
623BY	Tulsa, OK	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
635GD	Konawa, OK	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No
635GA	Lawton, OK	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
667GA	Texarkana, AR	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes
667GC	Longview, TX	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No

Disciplines Present at the CBOC

CBOC Station Number	CBOC Name	Parent VA	Urban/Rural	Miles to Parent Facility	Bus	Taxi	Voluntary services	Tele-medicine
586GA	Kosciusko, MS	Jackson, MS	Rural	70	No	Yes	No	No
586GB	Meridian, MS	Jackson, MS	Rural	95	No	Yes	No	No
623BY	Tulsa, OK	Muskogee, OK	Urban	50	Yes	Yes	Yes	No
635GD	Konawa, OK	Oklahoma City, OK	Rural	71	No	Yes	No	No
635GA	Lawton, OK	Oklahoma City, OK	Urban	87	No	Yes	Yes	No
667GA	Texarkana, AR	Shreveport, LA	Urban	90	Yes	Yes	Yes	No
667GC	Longview, TX	Shreveport, LA	Urban	60	Yes	Yes	Yes	No

Type of Location, Availability of Public Transportation, and Participation in Tele-medicine

Quality of Care Measures
Jackson VAMC – Kosciusko and Meridian

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	586 Jackson	98	101	97
	586GA Kosciusko	31	32	97
	586GB Meridian	42	44	95

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	586 Jackson	45	45	100
	586GA Kosciusko	45	46	98
	586GB Meridian	44	46	96

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot Pedal Pulses	National	5,395	5,971	90
	586 Jackson	45	45	100
	586GA Kosciusko	15	46	33
	586GB Meridian	27	46	59

Foot Pedal Pulses, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient - Foot Sensory Exam Using Monofilament	National	5,266	5,951	88
	586 Jackson	44	45	98
	586GA Kosciusko	13	46	28
	586GB Meridian	38	45	84

Foot Sensory, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	586 Jackson	25	38	66
		586GA Kosciusko	25	46	54
		586GB Meridian	31	46	67

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95	National	4,990	5,209	96
	95	586 Jackson	35	36	97
		586GA Kosciusko	44	46	96
		586GB Meridian	40	46	87

Lipid Profile, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	586 Jackson	36	38	95
		586GA Kosciusko	41	46	89
		586GB Meridian	42	46	91

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	586 Jackson	88	88	100
		586GA Kosciusko	19	19	100
		586GB Meridian	24	24	100

PTSD Screening, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD with timely Suicide Ideation/Behavior Evaluation	60	National	32	55	62
		586 Jackson	*	*	
		586GA Kosciusko	2	6	66
		586GB Meridian	1	2	50

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2009

Null values are represented by *, indicating no eligible cases

Quality of Care Measures
Muskogee VAMC – Tulsa

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	623 Muskogee	94	94	100
	623BY Tulsa	33	34	97

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	623 Muskogee	44	51	86
	623BY Tulsa	33	34	97

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot Pedal Pulses	National	5,395	5,971	90
	623 Muskogee	43	51	84
	623BY Tulsa	33	34	97

Foot Pedal Pulses, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient - Foot sensory exam using monofilament	National	5,266	5,951	88
	623 Muskogee	43	51	84
	623BY Tulsa	32	34	94

Foot Sensory, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	623 Muskogee	35	46	76
		623BY Tulsa	29	34	85

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95	National	4,990	5,209	96
	95	623 Muskogee	45	46	98
		623BY Tulsa	34	34	100

Lipid Profile, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	623 Muskogee	46	47	98
		623BY Tulsa	33	34	97

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	623 Muskogee	77	79	97
		623BY Tulsa	24	24	100

PTSD Screening, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD with timely Suicide Ideation/Behavior Evaluation	60	National	32	55	62
		623 Muskogee	2	2	100
		623BY Tulsa	23	24	96

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2009

Quality of Care Measures
Oklahoma City VAMC – Konawa and Lawton

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	635 Oklahoma City	100	102	98
	635GD Konawa	41	41	100
	635GA Lawton	46	46	100

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	635 Oklahoma City	43	51	84
	635GD Konawa	22	40	55
	635GA Lawton	38	44	86

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot pedal pulses	National	5,395	5,971	90
	635 Oklahoma City	43	51	84
	635GD Konawa	9	40	23
	635GA Lawton	38	44	86

Foot Pedal Pulses, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient - Foot Sensory Exam Using Monofilament	National	5,266	5,951	88
	635 Oklahoma City	41	51	80
	635GD Konawa	20	40	50
	635GA Lawton	34	44	77

Foot Sensory, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	635 Oklahoma City	40	45	89
		635GD Konawa	22	40	55
		635GA Lawton	40	44	91

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95		4,990	5,209	96
	95	635 Oklahoma City	44	44	100
		635GD Konawa	32	40	80
		635GA Lawton	43	44	98

Lipid Profile, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	635 Oklahoma City	39	45	87
		635GD Konawa	40	40	100
		635GA Lawton	41	44	93

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	635 Oklahoma City	51	53	96
		635GD Konawa	6	6	100
		635GA Lawton	20	20	100

PTSD Screening, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
<i>Patient Screen with PC-PTSD with timely Suicide Ideation/Behavior Evaluation</i>	60	National	32	55	62
		635 Oklahoma City	2	2	100
		635GD Konawa	*	*	*
		635GA Lawton	*	*	*

PTSD Screening with Timely Suicide Ideation/Behavior Evaluation, FY 2009

Null values are represented by *, indicating no eligible cases

Quality of Care Measures
Shreveport VAMC – Texarkana and Longview

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Hyperlipidemia Screen	National	13,148	13,587	97
	667 Shreveport	85	89	96
	667GA Texarkana	32	32	100
	667GC Longview	47	48	98

Hyperlipidemia Screening, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Outpatient Foot Inspection	National	5,523	5,971	92
	667 Shreveport	38	47	81
	667GA Texarkana	31	34	94
	667GC Longview	43	44	98

DM Foot Inspection, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient Foot pedal pulses	National	5,395	5,971	90
	667 Shreveport	35	47	74
	667GA Texarkana	30	34	88
	667GC Longview	39	44	89

Foot Pedal Pulses, FY 2009

<i>Measure</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Outpatient - Foot Sensory Exam Using Monofilament	National	5,266	5,951	88
	667 Shreveport	32	47	68
	667GA Texarkana	29	34	85
	667GC Longview	36	44	82

Foot Sensory, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM – Retinal Eye Exam	88	National	4,599	5,258	87
	88	667 Shreveport	34	43	79
		667GA Texarkana	28	34	83
		667GC Longview	43	44	98

Retinal Exam, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - LDL-C	95	National	4,990	5,209	96
	95	667 Shreveport	40	43	93
		667GA Texarkana	33	34	97
		667GC Longview	43	44	98

Lipid Profile, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
DM - Renal Testing	93	National	4,976	5,263	95
	93	667 Shreveport	35	43	81
		667GA Texarkana	34	34	100
		667GC Longview	43	44	98

Renal Testing, FY 2009

<i>Measure</i>	<i>Meets Target</i>	<i>Facility</i>	<i>Qtr 1 Numerator</i>	<i>Qtr 1 Denominator</i>	<i>Qtr 1 Percentage</i>
Patient Screen with PC-PTSD	90	National	4,751	4,987	95
	90	667 Shreveport	27	32	84
		667GA Texarkana	24	24	100
		667GC Longview	19	19	100

PTSD Screening, FY 2009

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